INPLASY PROTOCOL

To cite: He et al. Effect of high-quality nursing intervention on the psychological disorder in patients with gastric cancer during perioperative period: a protocol of systematic review and meta-analysis. Inplasy protocol 202040080. doi: 10.37766/inplasy2020.4.0080

Received: 14 April 2020

Published: 14 April 2020

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Support: **RFSXPDH (2012E-06)**

Review Stage at time of this submission: **The review has not yet started.**

Conflicts of interest: **No.**

Effect of high-quality nursing intervention on the psychological disorder in patients with gastric cancer during perioperative period: a protocol of systematic review and meta-analysis

He, XL; Cao, ZM[2].

Review question / Objective: **Can high-quality nursing intervention (HQNI) effectively manage psychological disorder in patients with gastric cancer during perioperative period (GC-PPP)?**
Condition being studied: **Psychological disorder, gastric cancer, and high-quality nursing intervention.**
Information sources: **The following electronic databases will be retrieved cumulatively from inception up to the March 31, 2020: Cochrane Library, MEDLINE, EMBASE, Web of Science, VIP database, and China National Knowledge Infrastructure. The RCTs of HQNI for the management of psychological disorder in patients with GC-PPP will be searched for in the above databases. The literatures included will not subject to any language and publication status. This study will not subject to any language and publication status. The Cochrane Library search strategy is presented. In addition, a reference list of included RCTs and related reviews will be examined. We will also search relevant conference abstracts and new trials from the clinical trial registry.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 April 2020 and was last updated on 14 April 2020 (registration number INPLASY202040080).

INTRODUCTION

Review question / Objective: **Can high-quality nursing intervention (HQNI) effectively manage psychological disorder in patients with gastric cancer during perioperative period (GC-PPP)?**

Condition being studied: **Psychological disorder, gastric cancer, and high-quality nursing intervention.**

METHODS

Participant or population: **All GC-PPP patients (18 years old or more) with**

psychological disorder, including depression and anxiety will be fully considered regardless the race, gender, and country.

Intervention: Experimental group: We will include all patients who received of HQNI for the management of psychological disorder.

Comparator: Control group: We will consider participants who underwent any treatments. However, we will not include patients who also received any forms of HQNI intervention.

Study designs to be included: This study will include randomized controlled trials (RCTs) reported for assessing the effects of HQNI vs. other interventions on the psychological di.

Eligibility criteria: We will include RCTs that reporting the effects of HQNI vs. other interventions on the psychological disorder in patients with GC-PPP.

Information sources: The following electronic databases will be retrieved cumulatively from inception up to the March 31, 2020: Cochrane Library, MEDLINE, EMBASE, Web of Science, VIP database, and China National Knowledge Infrastructure. The RCTs of HQNI for the management of psychological disorder in patients with GC-PPP will be searched for in the above databases. The literatures included will not subject to any language and publication status. This study will not subject to any language and publication status. The Cochrane Library search strategy is presented. In addition, a reference list of included RCTs and related reviews will be examined. We will also search relevant conference abstracts and new trials from the clinical trial registry.

Main outcome(s): Primary outcomes are depression (as measured by any validated scales, such as Hamilton Depression Rating Scale), and anxiety (as assessed by any validated scores, such as Hamilton Anxiety Rating Scale).

Additional outcome(s): Secondary outcomes consist of health related quality of life, as checked by any relevant tools, such as 36-Item Short Form Health Survey, and incidence of any adverse events.

Data management: All essential data will be collected by two independent researchers into a predefined data extraction sheet. Any inconsistent views found will be figured out through discussion by a third researcher. This data extraction sheet will consist of study information, time of publication, first author, participants, diagnostic criteria, inclusion and exclusion criteria, randomization details, blind, allocation, interventions, comparators, outcome indicators, findings and adverse events. If any unclear or missing data is identified, we will contact the trial authors to obtain such information.

Quality assessment / Risk of bias analysis: Two independent researchers will assess the risk of bias for each included trial using Cochrane Collaboration Tool through 7 items. Each item is still graded as low, unclear and high risk of bias. If any different opinions occur between two researchers, we will invite a third researcher to solve them by discussion.

Strategy of data synthesis: We will apply ReMan 5.3 software to perform statistical analysis. We will express continuous values using mean difference or standardized mean difference and 95% confidence intervals (CIs), and dichotomous values using risk ratio and 95% CIs. I^2 test will be utilized to assess the inconsistencies and heterogeneity among included trials. $I^2 \leq 50\%$ means a minor heterogeneity, and a fixed-effect model will be used to synthesize the outcome indicator data. $I^2 > 50\%$ exerts substantial heterogeneity, and a random-effect model will be utilized to pool the outcome indicator data. If ample data are included for specific types of intervention and control, a meta-analysis will be undertaken if trials are sufficiently similar with respect to the study information, patient characteristics, interventions, controls, and outcome indicators. Otherwise, we will carry out

subgroup analysis to identify possible sources of the significant heterogeneity.

Subgroup analysis: **Subgroup analysis will be conducted based on the different interventions, comparators, and outcome indicators to explore any possible sources of significant heterogeneity among included trials.**

Sensibility analysis: **If necessary, sensitivity analysis will be undertaken to investigate the robustness and stability of study findings by removing studies with high risk of bias.**

Language: **China.**

Keywords: **Psychological disorder; gastric cancer; perioperative period; randomized controlled trial; effect.**